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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	't 1:	Identify Yourself			
			About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name			
	your pictu exar licer Brin- iden	e the name that is on a government-issued ure identification (for mple, your driver's nase or passport). g your picture tification to your eting with the trustee.	KATHERINE First name D Middle name TORBICK Last name and Suffix (Sr., Jr., II, III)	_	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	use Inclu	other names you have d in the last 8 years ude your married or den names.	Katherine D. Skuza		
3.	you num Indi	y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number	xxx-xx-8838		

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Case number (if known)

Debtor 1 KATHERINE D TORBICK

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live		If Debtor 2 lives at a different address:
		1727 W. Weathersfield Way Schaumburg, IL 60193	
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Cook County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Document **KATHERINE D TORBICK** Debtor 1

Case number (if known) Tell the Court About Your Bankruptcy Case 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. When Case number District District When Case number When Case number District 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When District Case number, if known Debtor Relationship to you When Case number, if known District

Has your landlord obtained an eviction judgment against you?

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

Go to line 12.

No. Go to line 12.

this bankruptcy petition.

No.

☐ Yes.

11. Do you rent your

residence?

Debtor 1 KATHERINE D TORBICK

Document Page 4 of 59

Case number (if known)

Par	Report About Any Bu	sinesses `	You Owr	as a Sole Propriet	for
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	and location of bus	iness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any	
	If you have more than one sole proprietorship, use a		Numb	er, Street, City, Stat	e & ZIP Code
	separate sheet and attach it to this petition.		Chec	k the appropriate bo	x to describe your business:
	·			Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))
				Commodity Broke	r (as defined in 11 U.S.C. § 101(6))
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines	. If you ir s, cash-fl	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure	
	For a definition of small	■ No.	I am r	not filing under Chap	tter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Pari	t 4: Report if You Own or	Have Any	Hazardo	us Property or Any	y Property That Needs Immediate Attention
	Do you own or have any		Tiuzui uc	ras i roperty or An	y Freporty That Needs Illinicalate Attention
• • •	property that poses or is	No.			
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?	
	public health or safety? Or do you own any property that needs immediate attention?			liate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	Number Street City State 9 7in Code
					Number, Street, City, State & Zip Code

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Debtor 1 KATHERINE D TORBICK

ORBICK Case number (if known)

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 59 Case number (if known) **KATHERINE D TORBICK** Debtor 1 Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ■ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5**0,001-100,000 **5001-10,000 50-99** owe? **1**0,001-25,000 ☐ More than 100,000 □ 100-199 **200-999** 19. How much do vou **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ KATHERINE D TORBICK Signature of Debtor 2 KATHERINE D TORBICK Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on

May 3, 2018

MM / DD / YYYY

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Debtor 1 KATHERINE D TORBICK

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ ADIL S.	MOHAMMED	Date	May 3, 2018	
Signature of	Attorney for Debtor		MM / DD / YYYY	
ADIL S. MO	OHAMMED 6281996			
Printed name				
ASM Law,	P.C.			
Firm name				
11 DOUGL	AS AVE.			
SUITE 203				
Elgin, IL 60	0120			
Number, Street,	City, State & ZIP Code			
Contact phone	847-231-3999	Email address	adil@asmlawpc.com	
6281996 IL	_			
Bar number & St	tata			

		Docume	ent Paue 8 01 59	
Fill in this infor	mation to identify your	case:		
Debtor 1	KATHERINE D TO	ORBICK		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number (if known)				Charletthia is an
(II KIIOWII)				Check if this is an
				amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

2/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		3.5	
		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	129,783.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	129,783.00
Pa	st 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	14,721.17
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	63,476.00
	Your total liabilities	\$	78,197.17
Ра	rt 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,350.98
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,738.00
Pa	rt 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	■ Yes What kind of debt do you have?		

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 KATHERINE D TORBICK

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form	١.
	122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	1

5,034.55

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total c	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	1,888.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	1,888.00

Page 10 of 59 Document Fill in this information to identify your case and this filing: Debtor 1 KATHERINE D TORBICK Last Name First Name Middle Name Debtor 2 Middle Name First Name Last Name (Spouse, if filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put **AUDI** Who has an interest in the property? Check one Make: 3 1 the amount of any secured claims on Schedule D: Α4 Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2015 Debtor 2 only Current value of the Current value of the 45000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another Location: 1727 W. Weathersfield \$15,300.00 \$15,300.00 ☐ Check if this is community property Way, Schaumburg IL 60193 (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$15,300.00 pages you have attached for Part 2. Write that number here.....=> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the

portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

Official Form 106A/B Schedule A/B: Property

Debtor 1	KATHERINE D TORBICK Document Page 11 of 59 Case number (if known)	
■ Ye	s. Describe	
	Common Household Furniture Location: 1727 W. Weathersfield Way, Schaumburg IL 60193	\$400.00
□ No	 ponics ples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music or including cell phones, cameras, media players, games s. Describe 	ollections; electronic devices
	TV - DVD Player, Laptop, Tablet, Stereo, Mlsc. household electronics Location: 1727 W. Weathersfield Way, Schaumburg IL 60193	\$700.00
Exam ■ No	tibles of value ples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, other collections, memorabilia, collectibles s. Describe	or baseball card collections;
Exam	ment for sports and hobbies ples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a musical instruments s. Describe	and kayaks; carpentry tools;
■ No	rms mples: Pistols, rifles, shotguns, ammunition, and related equipment s. Describe	
□ No	mes mples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories s. Describe	
■ Ye	Personal Clothing	\$300.00
■ No	elry Inples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g 5. Describe	old, silver
Exai ■ No	farm animals nples: Dogs, cats, birds, horses s. Describe	
■ No	other personal and household items you did not already list, including any health aids you did not list s. Give specific information	
	I the dollar value of all of your entries from Part 3, including any entries for pages you have attached Part 3. Write that number here	\$1,400.00
Port 4	Describe Your Financial Assets	

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured

Document Page 12 of 59 **KATHERINE D TORBICK** Case number (if known) Debtor 1 claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No ■ Yes..... Cash \$200.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... **Bank of America** \$500.00 Checking 17.1. **Bank of America** \$60.00 Savings 17.2. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Institution name: Type of account: 401(k) \$99,323.00 **Employer 401k** 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

☐ Yes.....

		Case 18-13075	Doc 1	Filed 05/03/18 Document	Entered 05/03 Page 13 of 59	3/18 16:15:50	Desc Main
De	ebtor 1	KATHERINE D TORB	ICK	Document		ase number (if known)	
25.	■ No	, equitable or future intere		erty (other than anythin	g listed in line 1), and	rights or powers exer	cisable for your benefit
	⊔ Yes.	Give specific information a	bout them				
26.	Examp ■ No	s, copyrights, trademarks oles: Internet domain names Give specific information a	s, websites, p			S	
		·					
27.	Examp ■ No	es, franchises, and other ples: Building permits, exclu	isive licenses		n holdings, liquor license	es, professional license	S
	☐ Yes.	Give specific information a	bout them				
M	oney or p	property owed to you?					Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	funds owed to you					
	■ No	•					
	☐ Yes. (Give specific information at	oout them, in	cluding whether you alre-	ady filed the returns and	I the tax years	
29.	Examp ☐ No	support bles: Past due or lump sum Give specific information	,	ousal support, child suppo	ort, maintenance, divorc	e settlement, property s	settlement
			Pas	t Due Child Support	Payment		
			Pas	t Due Child Support	Payment	Child Support	\$13,000.00
30.		amounts someone owes y oles: Unpaid wages, disabili benefits; unpaid loans	/ou ity insurance	payments, disability bene	<u> </u>		
30.	Examp ■ No	oles: Unpaid wages, disabili	/ou ity insurance	payments, disability bene	<u> </u>		
	■ No □ Yes.	oles: Unpaid wages, disabili benefits; unpaid loans	/ou ty insurance you made to	payments, disability bendo	efits, sick pay, vacation	pay, workers' compens	sation, Social Security
	■ No □ Yes. Interest Examp ■ No	oles: Unpaid wages, disabilities benefits; unpaid loans Give specific information Sets in insurance policies oles: Health, disability, or life. Name the insurance compa	you ty insurance you made to e insurance;	payments, disability bendo someone else	efits, sick pay, vacation	pay, workers' compens	sation, Social Security
31.	■ No □ Yes. Interest Examp ■ No □ Yes. I Any interest If you a someon	oles: Unpaid wages, disabilities benefits; unpaid loans Give specific information Sets in insurance policies oles: Health, disability, or life. Name the insurance compa	you ty insurance you made to e insurance; any of each p pany name:	payments, disability bendo someone else health savings account (loolicy and list its value.	efits, sick pay, vacation HSA); credit, homeowne Beneficiary	pay, workers' compens er's, or renter's insurance	eation, Social Security see Surrender or refund value:
31.	■ No □ Yes. Interest Examp ■ No □ Yes. I Any interest If you a someon ■ No	oles: Unpaid wages, disabilities benefits; unpaid loans Give specific information Sts in insurance policies oles: Health, disability, or life. Name the insurance comparation comparation comparation in property that is described beneficiary of a livin	you ty insurance you made to e insurance; any of each p pany name:	payments, disability bendo someone else health savings account (loolicy and list its value.	efits, sick pay, vacation HSA); credit, homeowne Beneficiary	pay, workers' compens er's, or renter's insurance	eation, Social Security see Surrender or refund value:
31.	■ No □ Yes. Interest Examp ■ No □ Yes. I Any interest If you a someon ■ No □ Yes. Claims	oles: Unpaid wages, disabilities benefits; unpaid loans Give specific information Sts in insurance policies oles: Health, disability, or life. Name the insurance comparation Compareterest in property that is deare the beneficiary of a living one has died.	you Ity insurance you made to e insurance; any of each p pany name: Iue you from g trust, expe	payments, disability bendo someone else health savings account (locality and list its value. n someone who has die ct proceeds from a life in:	efits, sick pay, vacation HSA); credit, homeowne Beneficiary d surance policy, or are contact or made a demand for	pay, workers' compenser's, or renter's insurancer's	sation, Social Security see Surrender or refund value:
31.	■ No □ Yes. Interest Examp ■ No □ Yes. I Any interest If you a someon Yes. ■ No □ Yes. Claims Examp ■ No	oles: Unpaid wages, disabilities benefits; unpaid loans Give specific information Sits in insurance policies oles: Health, disability, or life. Name the insurance comparts to compart the beneficiary of a living one has died. Give specific information Signal against third parties, who	you Ity insurance you made to e insurance; any of each p pany name: Iue you from g trust, expe	payments, disability bendo someone else health savings account (locality and list its value. n someone who has die ct proceeds from a life in:	efits, sick pay, vacation HSA); credit, homeowne Beneficiary d surance policy, or are contact or made a demand for	pay, workers' compenser's, or renter's insurancer's	eation, Social Security see Surrender or refund value:
31. 32.	■ No □ Yes. Interest Examp ■ No □ Yes. I Any int If you a someon ■ No □ Yes. Claims Examp ■ No □ Yes. Other co	bles: Unpaid wages, disabilities benefits; unpaid loans Give specific information Give specific information Give specific information Name the insurance compactor compactor compactor in property that is deare the beneficiary of a living one has died. Give specific information Gagainst third parties, who bles: Accidents, employment contingent and unliquidated.	you ity insurance you made to e insurance; any of each p pany name: lue you from g trust, expe ether or not at disputes, in	payments, disability bendo someone else health savings account (locality and list its value. n someone who has die ct proceeds from a life insert proceed from a life insert proceed from a life insert proceed from a life insert proceeds from a life insert proceed from a life insert proceeds from a life insert proceed from a life insert pro	efits, sick pay, vacation HSA); credit, homeowne Beneficiary d surance policy, or are contact of the surance and the surance policy.	pay, workers' compens or's, or renter's insurance creatly entitled to receiver	sation, Social Security see Surrender or refund value: ve property because
31. 32.	■ No □ Yes. Interest Examp ■ No □ Yes. I Any int If you a someon ■ No □ Yes. Claims Examp ■ No □ Yes. Other co	bles: Unpaid wages, disabilities benefits; unpaid loans Give specific information Give specific information Give specific information Its in insurance policies bles: Health, disability, or life. Name the insurance comparation comparation on the insurance comparation of the insurance comparation on the insurance comparation of the insurance comparati	you ity insurance you made to e insurance; any of each p pany name: lue you from g trust, expe ether or not at disputes, in	payments, disability bendo someone else health savings account (locality and list its value. n someone who has die ct proceeds from a life insert proceed from a life insert proceed from a life insert proceed from a life insert proceeds from a life insert proceed from a life insert proceeds from a life insert proceed from a life insert pro	efits, sick pay, vacation HSA); credit, homeowne Beneficiary d surance policy, or are contact of the surance and the surance policy.	pay, workers' compens or's, or renter's insurance creatly entitled to receiver	sation, Social Security see Surrender or refund value: ve property because

63. Tota	al of all property on Schedule A/B. Add line 55 + line 62			\$129,783.00
62. Tota	al personal property. Add lines 56 through 61	\$129,783.00	Copy personal property to	otal \$129,783.00
61. Part	: 7: Total other property not listed, line 54 +	\$0.00		
	6: Total farm- and fishing-related property, line 52	\$0.00		
	5: Total business-related property, line 45	\$0.00		
	4: Total financial assets, line 36	\$113,083.00		
	3: Total personal and household items, line 15	\$1,400.00		
56. Part	2: Total vehicles, line 5	\$15,300.00		
55. Part	1: Total real estate, line 2			\$0.00
Part 8:	List the Totals of Each Part of this Form			
54. Add	the dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
			1	<u> </u>
	s. Give specific information			
Exan ■ No	nples: Season tickets, country club membership			
	Describe All Property You Own or Have an Interest in That You ou have other property of any kind you did not already list			
D. 4 7		B: IN I Al		
☐ Ye	es. Go to line 47.			
■ No	o. Go to Part 7.			
46. Do yo	ou own or have any legal or equitable interest in any farm-	or commercial fishing	ng-related property?	
	vescribe Any Farm- and Commercial Fishing-Related Property You you own or have an interest in farmland, list it in Part 1.	Own or Have an Intere	st In.	
☐ Yes.	Go to line 38.			
No. 0	Go to Part 6.			
37. Do yo u	ı own or have any legal or equitable interest in any business-relate	ed property?		
Part 5: D	escribe Any Business-Related Property You Own or Have an Inter	est In. List any real est	ate in Part 1.	
	the dollar value of all of your entries from Part 4, includin Part 4. Write that number here			\$113,083.00
⊔ Yes	s. Give specific information		,	
_			Case Humber (II known)	
Debtor 1	Document KATHERINE D TORBICK	Page 14 of	Case number (if known)	
	Case 18-13075 Doc 1 Filed 05/03/2		5/03/18 16:15:50	Desc Main

Official Form 106A/B Schedule A/B: Property page 5

		Docume	IIL I duc 13 01 33	
Fill in this infor	mation to identify your	case:		
Debtor 1	KATHERINE D TO	ORBICK		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an
				amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1 Identify the Property You Claim a	as Exempt
------------------------------------------	-----------

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
2015 AUDI A4 45000 miles Location: 1727 W. Weathersfield	\$15,300.00		\$578.83	735 ILCS 5/12-1001(c)	
Way, Schaumburg IL 60193 Line from Schedule A/B: 3.1		☐ 100% of fair market value, up to any applicable statutory limit			
Common Household Furniture Location: 1727 W. Weathersfield	\$400.00		\$400.00	735 ILCS 5/12-1001(b)	
Way, Schaumburg IL 60193 Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit		
TV - DVD Player, Laptop, Tablet, Stereo, Mlsc. household electronics	\$700.00		\$700.00	735 ILCS 5/12-1001(b)	
Location: 1727 W. Weathersfield Way, Schaumburg IL 60193 Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit		
Personal Clothing Line from Schedule A/B: 11.1	\$300.00		\$300.00	735 ILCS 5/12-1001(a)	
Elle Holli Galledale 742. TTT			100% of fair market value, up to any applicable statutory limit		
Cash Line from Schedule A/B: 16.1	\$200.00		\$200.00	735 ILCS 5/12-1001(b)	
End from Goriodale PVD. 1911			100% of fair market value, up to any applicable statutory limit		

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Debtor 1 KATHERINE D TORBICK

Case number (if known)

Sched	escription of the property and line on ule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim ck only one box for each exemption.	Specific laws that allow exemption
			Che	ck only one hoy for each exemption	
	Line Book (A in			on only one box for each exemption.	
I ine fr	king: Bank of America om Schedule A/B: 17.1	\$500.00		\$500.00	735 ILCS 5/12-1001(b)
	S. S			100% of fair market value, up to any applicable statutory limit	
Savings: Bank of America Line from Schedule A/B: 17.2		\$60.00		\$60.00	735 ILCS 5/12-1001(b)
LIIIC II	om scriedale A.B. 11.2			100% of fair market value, up to any applicable statutory limit	
401(k): Employer 401k Line from Schedule A/B: 21.1		\$99,323.00		\$99,323.00	735 ILCS 5/12-1006
LIIIE II	OIII Scriedule A/B. 21-1			100% of fair market value, up to any applicable statutory limit	
Child Support: Past Due Child Support Payment Line from Schedule A/B: 29.1		\$13,000.00		\$13,000.00	735 ILCS 5/12-1001(g)(4)
				100% of fair market value, up to any applicable statutory limit	

	Ca	ase 18-13075	Doc 1	Filed 05/03/18 Document	Entered	d 05/03/18 16:19 of 59	5:50 [_	Desc N	1ain
Fill	in this inforr	nation to identify you	ır case:						
Deb	otor 1	KATHERINE D	TORBICK						
		First Name	Mic	ddle Name	Last Name				
	otor 2 use if, filing)	First Name	Mic	ddle Name	Last Name				
Unit	ted States Ba	nkruptcy Court for the	: NORTH	HERN DISTRICT OF ILL	LINOIS				
Cas (if kn	se number _ own) _								if this is an ded filing
	icial Forn hedule		Who I	Have Claims	Secured	by Property			12/15
s ne		e Additional Page, fill it		ed people are filing togeth the entries, and attach it					
. Do	any creditors	have claims secured b	y your prope	rty?					
	☐ No. Check	this box and submit t	his form to t	he court with your other	schedules. Yo	u have nothing else to i	report on th	nis form.	
	Yes Fill in	all of the information	helow			_			
		II Secured Claims	20.011.						
						Column A	Column B		Column C
for e	ach claim. If m	nore than one creditor has	a particular	e secured claim, list the cre claim, list the other creditors ording to the creditor's nam	s in Part 2. As	Do not deduct the	Value of col that suppor claim		Unsecured portion
2.1	Volkswad	en Credit, Inc	Describe t	he property that secures	the claim:	value of collateral. \$14,721.17		300.00	If any \$0.00
	Creditor's Nam	· · · · · · · · · · · · · · · · · · ·	2015 AU Location Way, Sc	DI A4 45000 miles n: 1727 W. Weathers haumburg IL 60193	sfield		<u> </u>		
	Po Box 3		As of the dapply.	late you file, the claim is:	Check all that				
	Hillsboro	, OR 97123	Conting	ent					
	Number, Street	t, City, State & Zip Code	☐ Unliquid	dated					
Who	o owes the de	ebt? Check one.	☐ Dispute Nature of	d lien. Check all that apply.					
	Debtor 1 only			ement you made (such as	mortgage or secu	ured			
	Debtor 2 only		car loa	n)					
	Debtor 1 and De	ebtor 2 only	☐ Statutor	ry lien (such as tax lien, me	chanic's lien)				
		he debtors and another	•	ent lien from a lawsuit					
	Check if this cl community de	laim relates to a ebt	Other (i	ncluding a right to offset)					
		Opened 02/15 Last							

Add the dollar value of your entries in Column A on this page. Write that number here: \$14,721.17

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$14,721.17

Last 4 digits of account number

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

9120

Date debt was incurred 3/22/18

	Case 10-13073 L	Documen		R of 59	.50 Des	oc mani
Fill in th	nis information to identify your		i i due i	3 01 03		
Debtor 1	KATHERINE D TO	ORBICK				
	First Name	Middle Name	Last Name			
Debtor 2				_		
(Spouse if,	filing) First Name	Middle Name	Last Name			
United S	States Bankruptcy Court for the:	NORTHERN DISTRICT O	F ILLINOIS			
Case nu	mher					
(if known)					□ C	heck if this is an
					ar	mended filing
⊃fficio	J Form 1065/F					
	<u>Il Form 106E/F</u>	lha Hava Haaaaviii	ad Claima			40/45
	dule E/F: Creditors W					12/15
Schedule eft. Attac	G: Executory Contracts and Unexp D: Creditors Who Have Claims Sec h the Continuation Page to this pag case number (if known). List All of Your PRIORITY Un	ured by Property. If more spac le. If you have no information t	e is needed, copy t	he Part you need, fill it out,	number the ent	ries in the boxes on the
1. Do a	ny creditors have priority unsecure	d claims against you?				
■ _N	o. Go to Part 2.					
□ Y	es.					
Part 2:	List All of Your NONPRIORIT	Y Unsecured Claims				
3. Do a	ny creditors have nonpriority unsec	cured claims against you?				
\square N	o. You have nothing to report in this p	art. Submit this form to the court	with your other sche	edules.		
■ Y	es.					
unse	all of your nonpriority unsecured cla cured claim, list the creditor separately one creditor holds a particular claim, li 2	y for each claim. For each claim	listed, identify what t	ype of claim it is. Do not list cla	aims already incl	luded in Part 1. If more
· uit						Total claim
4.1	Affiliated Acceptance Corp	Last 4 digits of	f account number	0131		\$0.00
	Nonpriority Creditor's Name					
	14443 N State Highway 5 Sunrise Beach, MO 65079	When was the	debt incurred?	Opened 2/10/09 Las 7/13/09	st Active	
_	Number Street City State Zlp Code	As of the date	you file, the claim i	s: Check all that apply		
,	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated	d			
	Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and and		RIORITY unsecured	l claim:		
	Check if this claim is for a comm	<u> </u>				
	debt Is the claim subject to offset?	☐ Obligations report as priorit		ration agreement or divorce th	at you did not	
	■ No	☐ Debts to per	nsion or profit-sharin	g plans, and other similar debt	s	

☐ Yes

■ Other. Specify __Installment Sales Contract

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KATHERINE D TORBICK

Last 4 digits of account number 8149

4.2	Bank Of America	Last 4 digits of account number	8149	\$5,697.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 982238	When was the debt incurred?	Opened 10/13 Last Active 5/16/17	
	El Paso, TX 79998 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other Specify Credit Card		
4.3	Bank Of America	Last 4 digits of account number	1503	\$0.00
	Nonpriority Creditor's Name Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410	When was the debt incurred?	Opened 04/08 Last Active 11/15/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other Specify Credit Card	<u> </u>	
4.4	Bmw Financial Services	Last 4 digits of account number	5319	\$0.00
	Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 3608	When was the debt incurred?	Opened 03/11 Last Active 3/06/15	
	Dublin, OH 43016 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Automobile		

Page 20 of 59 Document Debtor 1 KATHERINE D TORBICK Case number (if know) 4.5 **Capital One** Last 4 digits of account number 9344 \$2,172.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 12/16 Last Active Po Box 30285 When was the debt incurred? 9/15/17 Salt Lake City, UT 84130 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.6 Capital One Last 4 digits of account number 6813 \$0.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 1/27/06 Last Active Po Box 30285 When was the debt incurred? 8/18/08 Salt Lake City, UT 84130 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Charge Account** Other. Specify 4.7 \$0.00 Capital One Last 4 digits of account number 8536 Nonpriority Creditor's Name Attn: Bankruptcy Opened 07/04 Last Active Po Box 30285 When was the debt incurred? 2/23/09 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another

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debt

■ No

☐ Yes

☐ Student loans

report as priority claims

■ Other. Specify Credit Card

☐ Obligations arising out of a separation agreement or divorce that you did not

lacktriangledown Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Document Page 21 of 59 Debtor 1 KATHERINE D TORBICK Case number (if know) 4.8 Capital One / Carson Last 4 digits of account number 1163 \$0.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 3/04/08 Last Active When was the debt incurred? 7/09/12 Po Box 30285 Salt Lake City, UT 84130 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.9 **Chase Card Services** Last 4 digits of account number \$3,479.00 Nonpriority Creditor's Name **Correspondence Dept** Opened 04/17 Last Active Po Box 15298 When was the debt incurred? 1/15/18 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.1 **Chase Card Services** 7337 \$0.00 Last 4 digits of account number 0 Nonpriority Creditor's Name **Correspondence Dept** Opened 10/13 Last Active Po Box 15298 When was the debt incurred? 4/17/16 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt oxed Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

Official Form 106 E/F

■ No

☐ Yes

■ Other. Specify Credit Card

lacksquare Debts to pension or profit-sharing plans, and other similar debts

Document Page 22 of 59 Debtor 1 KATHERINE D TORBICK Case number (if know) 4.1 **Chase Card Services** 1248 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 06/07 Last Active **Correspondence Dept** 3/10/09 Po Box 15298 When was the debt incurred? Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.1 ChaseHealthAdvance 3897 \$0.00 Last 4 digits of account number 2 Nonpriority Creditor's Name Opened 11/09 Last Active Attn: Bankruptcy 1717 Hermitage Blvd Ste 101 When was the debt incurred? 7/19/10 Tallahassee, FL 32308 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.1 Chaopatri Cu 6178 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 1/27/09 Last Active 1359 W Washington Blvd When was the debt incurred? 1/12/10 Chicago, IL 60607 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community oxed Obligations arising out of a separation agreement or divorce that you did not

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■ No

☐ Yes

■ Other. Specify Credit Card

report as priority claims

lacksquare Debts to pension or profit-sharing plans, and other similar debts

Document Page 23 of 59 Debtor 1 KATHERINE D TORBICK Case number (if know) 4.1 Chicago Patrolmens Fcu 0919 \$13,514.00 Last 4 digits of account number 4 Nonpriority Creditor's Name Opened 01/09 Last Active 1359 W Washington Blvd When was the debt incurred? 1/02/18 Chicago, IL 60607 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.1 Chicago Patrolmens Fcu 3406 \$0.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Opened 1/27/09 Last Active 1359 W Washington Blvd When was the debt incurred? 5/09/11 Chicago, IL 60607 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Credit Card** Other, Specify 4.1 Chicago Patrolmens Fcu 8280 \$0.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Opened 1/27/09 Last Active 1359 W Washington Blvd When was the debt incurred? 7/22/14 Chicago, IL 60607 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify Credit Card

lacksquare Debts to pension or profit-sharing plans, and other similar debts

Case 18-13075 Doc 1 Filed 05/03/18 Entered 05/03/18 16:15:50 Desc Main Document Page 24 of 59 Debtor 1 KATHERINE D TORBICK Case number (if know) 4.1 Citibank 1837 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Centralized Bankruptcy Opened 12/27/10 Last Active Po Box 790034 8/08/12 When was the debt incurred? St Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.1 Citibank 6493 \$0.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Opened 5/02/14 Last Active Centralized Bankruptcy Po Box 790034 When was the debt incurred? 6/03/16 St Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.1 Citibank/The Home Depot 7507 \$2,515.00 9 Last 4 digits of account number Nonpriority Creditor's Name Opened 09/13 Last Active Centralized Bankruptcy Po Box 790034 When was the debt incurred? 1/16/18 St Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated

Who incurred the debt? Check one.

Debtor 1 only
Debtor 2 only
Debtor 1 and Debtor 2 only
Disputed
Type of NONPRIORITY unsecured claim:
Check if this claim is for a community debt
Is the claim subject to offset?
No
Debtor 2 only
Disputed
Type of NONPRIORITY unsecured claim:
Student loans
Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Debts to pension or profit-sharing plans, and other similar debts

Other. Specify
Charge Account

Document Page 25 of 59 Debtor 1 KATHERINE D TORBICK Case number (if know) 4.2 6001 \$0.00 Citibank/The Home Depot Last 4 digits of account number 0 Nonpriority Creditor's Name **Centralized Bankruptcy** Opened 1/19/05 Last Active Po Box 790034 1/19/14 When was the debt incurred? St Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.2 Comenity Bank / The Limited \$0.00 4901 Last 4 digits of account number Nonpriority Creditor's Name Opened 02/05 Last Active Attn: Bankruptcy Dept When was the debt incurred? 9/26/09 Po Box 182125 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.2 Comenity Bank/Carsons 3208 \$4,249,00 Last 4 digits of account number Nonpriority Creditor's Name Opened 3/04/08 Last Active Attn: Bankruptcy Dept Po Box 182125 When was the debt incurred? 2/27/18 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not

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■ No

☐ Yes

■ Other. Specify Charge Account

report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Document Page 26 of 59 Debtor 1 KATHERINE D TORBICK Case number (if know) 4.2 0285 \$2,759.00 Comenity Bank/Express Last 4 digits of account number 3 Nonpriority Creditor's Name Opened 05/06 Last Active Attn: Bankruptcy Dept 2/27/18 Po Box 182125 When was the debt incurred? Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.2 Comenity Bank/Harlem Furniture \$6,861.00 8110 Last 4 digits of account number Nonpriority Creditor's Name Opened 12/05 Last Active Attn: Bankruptcy Dept When was the debt incurred? Po Box 182125 1/16/18 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.2 Comenity Bank/TSA \$0.00 5722 Last 4 digits of account number Nonpriority Creditor's Name Opened 01/11 Last Active Attn: Bankruptcy Dept Po Box 182125 When was the debt incurred? 8/21/12 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not

Official Form 106 E/F

■ No

☐ Yes

■ Other. Specify Charge Account

report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Document Page 27 of 59 Debtor 1 KATHERINE D TORBICK Case number (if know) 4.2 Comenity Bank/Victoria Secret 3292 \$5,830.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Attn: Bankruptcy Dept Opened 07/06 Last Active Po Box 182125 When was the debt incurred? 2/27/18 Columbus, OH 45318 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.2 **Discover Financial** Unknown 7639 Last 4 digits of account number Nonpriority Creditor's Name Opened 12/14/94 Last Active Po Box 3025 When was the debt incurred? 2/19/09 New Albany, OH 43054 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.2 Landstrom Center \$2,230.00 Last 4 digits of account number 8 Nonpriority Creditor's Name 1933 N. Meacham Rd When was the debt incurred? 07/22/2017 - 08/05/2017 Schaumburg, IL 60173 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

Official Form 106 E/F

debt

■ No

☐ Yes

■ Other. Specify Medical

 \square Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

☐ Check if this claim is for a community

Document Page 28 of 59 Debtor 1 KATHERINE D TORBICK Case number (if know) 4.2 **Lending Club Corp** 0623 \$0.00 Last 4 digits of account number 9 Nonpriority Creditor's Name 71 Stevenson St Opened 03/16 Last Active Suite 300 9/29/16 When was the debt incurred? San Francisco, CA 94105 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Unsecured ☐ Yes 4.3 **New York Community Ban** 1698 Unknown Last 4 digits of account number 0 Nonpriority Creditor's Name Opened 08/07 Last Active 13665 Roosevelt Ave When was the debt incurred? 2/14/08 Flushing, NY 11354 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Real Estate Mortgage ☐ Yes 4.3 4001 Pnc Bank \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 03/11 Last Active 2730 Liberty Ave When was the debt incurred? 4/24/15 Pittsburgh, PA 15222 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not debt Is the claim subject to offset? report as priority claims

Official Form 106 E/F

■ No
□ Yes

■ Other. Specify Automobile

Debts to pension or profit-sharing plans, and other similar debts

Page 29 of 59 Document Debtor 1 KATHERINE D TORBICK Case number (if know) 4.3 5432 \$6,088.00 Syncb/carecr Last 4 digits of account number 2 Nonpriority Creditor's Name Opened 10/08 Last Active Attn: Synchrony - Bankruptcy 2/27/18 Po Box 960061 When was the debt incurred? Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.3 Syncb/hhgreg \$0.00 6357 Last 4 digits of account number 3 Nonpriority Creditor's Name Opened 8/29/13 Last Active Attn: Bankruptcy Po Box 965060 When was the debt incurred? 3/03/15 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.3 Synchrony Bank/Lenscrafters 9652 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 4/21/08 Last Active Attn: Bankruptcy Po Box 965060 When was the debt incurred? 8/19/08 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed

Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes

Document Page 30 of 59 Debtor 1 KATHERINE D TORBICK Case number (if know) 4.3 Synchrony Bank/Lowes 8044 \$563.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Attn: Bankruptcy Dept Opened 07/08 Last Active Po Box 965060 2/27/18 When was the debt incurred? Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.3 Synchrony Bank/TJX 6500 \$0.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Opened 10/10/10 Last Active Attn: Bankruptcy Dept When was the debt incurred? 4/28/15 Po Box 965060 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.3 Target 2539 \$5,631.00 Last 4 digits of account number Nonpriority Creditor's Name **Target Card Services** Opened 09/13 Last Active Mail Stop NCB-0461 When was the debt incurred? 2/27/18 Minneapolis, MN 55440 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not

Official Form 106 E/F

■ No

☐ Yes

■ Other. Specify Credit Card

report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Document Page 31 of 59 Debtor 1 KATHERINE D TORBICK Case number (if know) 4.3 Volkswagen Credit, Inc. 5475 \$0.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Opened 04/15 Last Active Po Box 3 When was the debt incurred? 12/18/17 Hillsboro, OR 97123 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Automobile Other. Specify 4.3 Wells Fargo Bank 0002 \$1.888.00 Last 4 digits of account number 9 Nonpriority Creditor's Name Attn: Bankruptcy Dept Opened 11/00 Last Active Po Box 6429 When was the debt incurred? 2/27/18 Greenville, SC 29606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify **Educational** Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only, 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total Claim Domestic support obligations** 6a. 6a. 0.00 Total claims from Part 1 6b. Taxes and certain other debts you owe the government 6b. 0.00 6c. Claims for death or personal injury while you were intoxicated 6c. 0.00 Other. Add all other priority unsecured claims. Write that amount here. 6d. 6d. 0.00 Total Priority. Add lines 6a through 6d. 6e 0.00

claims from Part 2

Official Form 106 E/F

Total

Schedule E/F: Creditors Who Have Unsecured Claims

Obligations arising out of a separation agreement or divorce that

Student loans

Total Claim

1,888.00

0.00

6f.

6a

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Debtor 1 KATHERINE D TORBICK

	you did not report as priority claims		
6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 61,588.00
6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 63,476.00

Official Form 106 E/F

		Docume		
Fill in this infor	mation to identify your	case:		
Debtor 1	KATHERINE D TO	ORBICK		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the cor, Street, City, State and ZIP Co	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	rambor	Ciroti			
	City		State	ZIP Code	_
2.2					
	Name				_
					_
	Number	Street			
	City		State	ZIP Code	
2.3					
	Name				-
					_
	Number	Street			
					<u>_</u>
	City		State	ZIP Code	
2.4					
	Name				_
					_
	Number	Street			
					_
	City		State	ZIP Code	
2.5					
	Name				
					_
	Number	Street			
					_
	City		State	ZIP Code	

		Docume	ent Page 34 d	or 59	
Fill in this	information to identify your	case:			
Debtor 1	KATHERINE D TO	DRBICK			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filin	ng) First Name	Middle Name	Last Name		
United Sta	ites Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
_					
Case num	ber				☐ Check if this is an
,					amended filing
					· ·
Officia	l Form 106H				
Sched	lule H: Your Cod	ebtors			12/15
					.2.10
ill it out, a our name	nd number the entries in the and case number (if known)	boxes on the left. Attac . Answer every question	h the Additional Page t n.	to this page. On the top	eeded, copy the Additional Page, o of any Additional Pages, write
1. Do	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	e as a codebtor.	
■ No					
☐ Yes	3				
Arizon _	hin the last 8 years, have you ha, California, Idaho, Louisiana,				y states and territories include
	s. Did your spouse, former spou	use, or legal equivalent liv	e with you at the time?		
in line Form	e 2 again as a codebtor only i	f that person is a guarar	ntor or cosigner. Make	sure you have listed th	g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Zl	P Code		Column 2: The cre Check all schedule	ditor to whom you owe the debt sthat apply:
3.1				☐ Schedule D, line	۵
	Name			Schedule E/F, li	
				☐ Schedule G, line	
-	Number Street			_	
	City	State	ZIP Code		
20				П омень в е	_
3.2	Name			☐ Schedule D, line ☐ Schedule E/F, li	
				Schedule E/F, II	
_				— Goriedale G, IIII	<u> </u>
	Number Street	State	7IP Code		

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	Fill in this information to identify your case: Debtor 1 KATHERINE D TORBICK												
	btor 2												
` '	ouse, if filing)												
Uni	ited States Bankrup	otcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS		-							
	se number nown)				Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date:								
0	fficial Form	106 <u>l</u>			MM / DD/ Y	MM / DD/ YYYY							
S	chedule I:	Your Inco	ome				1011017 2527 1	12/1					
sup spo atta	plying correct info use. If you are se ch a separate she	ormation. If you parated and you	sible. If two married peo are married and not filii r spouse is not filing wi On the top of any additi	ng jointly, and your sith you, do not inclu	spouse i de infori	is living mation	with you, incl about your spo	ude inforn ouse. If mo	nation about ore space is	your needed,			
1.	Fill in your employment information.			Debtor 1	Debtor 1				Debtor 2 or non-filing spouse				
	If you have more	rate page with	Fundament status	■ Employed	☐ Empl	☐ Employed							
	attach a separate information about		Employment status	☐ Not employed	☐ Not employed								
	employers.		Occupation	Nurse									
	Include part-time, seasonal, or self-employed work.		Employer's name	Advocate Luthe Hospital									
	Occupation may or homemaker, if		Employer's address	1775 Dempster Park Ridge, IL 6									
			How long employed to	here?									
Par	rt 2: Give De	etails About Mon											
Esti	-	ome as of the da	ate you file this form. If	you have nothing to re	eport for	any line	, write \$0 in the	space. Inc	clude your no	n-filing			
	ou or your non-filing e space, attach a s		ore than one employer, co this form.	ombine the information	n for all e	employe	rs for that perso	on on the li	nes below. If	you need			
						Fo	or Debtor 1		btor 2 or ng spouse				
2.		List monthly gross wages, salary, and commissions (bef deductions). If not paid monthly, calculate what the monthly			2.	\$	4,585.97	\$	N/A				
3.	Estimate and lis	st monthly overti	ime pay.		3.	+\$	0.00	+\$	N/A				
4.	Calculate gross	Income. Add lin	ne 2 + line 3.		4.	\$	4,585.97	\$	N/A				

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Debtor 1		KATHERINE D TORBICK			Case number (if known)					
					Fo	r Debtor 1		Debtor		
	Cop	y line 4 here	4.		\$_	4,585.97	\$	9	N/A	<u> </u>
5.	List	all payroll deductions:								
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans		a. b.	\$_ \$	1,096.01 0.00	\$_ \$		N/A N/A	
	5c.	Voluntary contributions for retirement plans		c.	\$_	135.57	\$_		N/A	
	5d. 5e.	Required repayments of retirement fund loans Insurance		d. e.	\$_ \$	719.42 283.99	\$_ \$		N/A N/A	
	5f.	Domestic support obligations	5f		\$ _	0.00	\$ _		N/A	_
	5g.	Union dues	5		\$	0.00	\$_		N/A	_
	5h.	Other deductions. Specify:		h.+	\$_	0.00	+ \$_		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	2,234.99	\$_		N/A	<u>.</u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	2,350.98	\$		N/A	<u>.</u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0,	0	\$	0.00	¢		NI/A	
	8b.	monthly net income. Interest and dividends	8l	a. b.	\$ \$	0.00	\$_ \$		N/A N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		c.	\$	1,000.00	*_ \$		N/A	_
	8d.	Unemployment compensation		d.	\$	0.00	\$		N/A	
	8e.	Social Security	86	e.	\$	0.00	\$		N/A	 \
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	_ 8f		\$_	0.00	\$		N/A	
	8g. 8h.	Pension or retirement income Other monthly income. Specify:	8(81	g. h.+	\$_ \$	0.00	, \$_		N/A N/A	_
	OII.	Other monthly medine. Specify.	_ 01	II.Ŧ	Ψ_	0.00	ΤΨ_		IN/A	<u></u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [\$	1,000.00	\$_		N/	A
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		3,350.98 + \$		N/A	= \$ _	3,350.98
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your or friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not a cify:	dep				•		e J. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain lies						12.	\$	3,350.98
13.	Do	you expect an increase or decrease within the year after you file this form?	?						Combi month	ned ly income
		No.								

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Fill.i	n this informa	ition to identify yo	our case:			_		
Debt		KATHERINE		ICK			c if this is:	
Debt	or 2 use, if filing)							ving postpetition chapter the following date:
Unite	ed States Bankr	ruptcy Court for the	: NORTH	IERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY	
	e number nown)							
Of	ficial Fo	rm 106J				•		
		J: Your						12/15
info	rmation. If m		eded, atta	. If two married people ar ich another sheet to this n.				
Part	1: Describe this a join	ribe Your House	hold					
1.	■ No. Go to							
			in a separ	ate household?				
	□ N □ Y	-	st file Offic	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of Debto	or 2.	
2.	Do you have	e dependents?	□ No					
	Do not list D Debtor 2.	-	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state				Com			□ No
	dependents	names.			Son		4	■ Yes □ No
								☐ Yes
								□ No
								☐ Yes
								□ No □ Yes
3.	Do your exp	oenses include		No	-			□ Yes
	expenses o	f people other t d your depende	han 👝	Yes				
Esti	mate your ex		our bankr	uptcy filing date unless y				
	enses as of a licable date.	a date after the l	bankrupto	y is filed. If this is a supp	olemental <i>Schedule</i>	J, check the	e box at the top o	f the form and fill in the
	•	•		government assistance i	•			
(Offi	icial Form 10	06I.)					Your exp	enses
4.		or home owners		ses for your residence. I	nclude first mortgag	e 4. \$		1,000.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
	•	rty, homeowner's				4b. \$		0.00
				upkeep expenses		4c. \$		75.00
5.		owner's associat		dominium dues our residence, such as ho	me equity loans	4d. \$ 5. \$		0.00
J.	- raditional I	igage payiii	101 Y	rai rooiaonoo, suun as nu	oquity idalis	υ. φ		0.00

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Debtor	1 KATHER	INE D TORBICK	Case nur	mber (if known)	
6. Ut	tilities:				
6. 6 1		heat, natural gas	6a	. \$	180.00
6b	•	wer, garbage collection		\$	50.00
60		e, cell phone, Internet, satellite, and cable services		:. \$	275.00
6d		ecify: Water		i. \$	40.00
	•	ekeeping supplies	7	·	
		. •		· <u> </u>	600.00
		children's education costs	8		0.00
	•	ry, and dry cleaning	9	· <u> </u>	125.00
		products and services		. \$	60.00
		ntal expenses	11	. \$	60.00
		Include gas, maintenance, bus or train fare.	12	2. \$	400.00
	o not include ca		13	·	
		clubs, recreation, newspapers, magazines, and books			20.00
		ributions and religious donations	14	. \$	0.00
-	surance.	courses deducted from your pay or included in lines 4 or 20			
	5a. Life insura	surance deducted from your pay or included in lines 4 or 20.	15a	. •	0.00
	5b. Health ins		15a 15b		
					0.00
	5c. Vehicle in:		15c	· ·	180.00
	5d. Other insu		15d	. \$	0.00
	axes. Do not in pecify:	clude taxes deducted from your pay or included in lines 4 or 2		• ф	0.00
		ease payments:	16	i. \$	0.00
		ease payments: ents for Vehicle 1	17a	. •	638.00
		ents for Vehicle 2	17a 17b	•	
					0.00
	7c. Other. Spe	-	17c	· -	0.00
	d. Other. Spe	· ·	17d	. э	0.00
		of alimony, maintenance, and support that you did not re your pay on line 5, Schedule I, Your Income (Official Forn		s. \$	0.00
		s you make to support others who do not live with you.	1 1001).	\$	0.00
	pecify:	you make to support others who do not live with you.	19	·	0.00
		erty expenses not included in lines 4 or 5 of this form or			
		s on other property	20a		0.00
	b. Real estat	• • •	20b	·	0.00
		homeowner's, or renter's insurance	20c	· ·	0.00
		nce, repair, and upkeep expenses	20d		0.00
		er's association or condominium dues	20e	· -	0.00
				:. Ф . +\$	
21. O t	ther: Specify:	Gym Membership		. +5	35.00
22. C a	alculate your	monthly expenses			
22	2a. Add lines 4	through 21.		\$	3,738.00
22	2b. Copy line 2	2 (monthly expenses for Debtor 2), if any, from Official Form	106J-2	\$	
		a and 22b. The result is your monthly expenses.		\$	3,738.00
	-0. 7 GG III O ZZI	a and 222. The result is your monthly expenses.			3,733.00
	•	monthly net income.			
		12 (your combined monthly income) from Schedule I.	23a	. \$	3,350.98
23	Bb. Copy your	monthly expenses from line 22c above.	23b	o\$	3,738.00
23		our monthly expenses from your monthly income.		•	207.02
	The result	is your monthly net income.	23c	:. \\$	-387.02
o					
		an increase or decrease in your expenses within the year			o or docroses because of a
		ou expect to finish paying for your car loan within the year or do you exterms of your mortgage?	weer your mongage	payment to increas	e or decrease because or a
	No.				
		Evalois hara:			
	l Yes.	Explain here:			

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Fill in this	- information to identify				
	s information to identify your				
Debtor 1	KATHERINE D TO	ORBICK Middle Name	Last Name		
Debtor 2					
(Spouse if, fil	ling) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	NORTHERN DISTRIC	Γ OF ILLINOIS		
Case num	nber				
(if known)				_	neck if this is an
				an	nended filing
Official	Form 106Dec				
Decla	aration About a	an Individua	Debtor's Sc	hedules	12/15
f two mar	rried people are filing togethe	r, both are equally respo	onsible for supplying corre	ect information.	
You must	file this form whenever you fi	ile bankruptcy schedule	s or amended schedules.	Making a false statement, conce	aling property, or
	money or property by fraud in both. 18 U.S.C. §§ 152, 1341, 1		kruptcy case can result in	fines up to \$250,000, or impriso	nment for up to 20
years, or i	botn. 18 U.S.C. 99 152, 1341, 1	1519, and 3571.			
	Sign Below				
Did	you pay or agree to pay some	one who is NOT an atto	rney to help you fill out ba	ankruptcy forms?	
	No				
П	Yes. Name of person			Attach Bankruptcy Petitio	n Preparer's Notice.
_				Declaration, and Signatur	
	er penalty of perjury, I declare they are true and correct.	that I have read the sun	nmary and schedules filed	I with this declaration and	
v /	ALMATHEDINE D. TODDICH	,	v		
	S/ KATHERINE D TORBICK KATHERINE D TORBICK	<u>\</u>	X Signature of [Debtor 2	
·=	Signature of Debtor 1		J.g 3 01 L		
-	Data May 2 2049		Date		
L	Date May 3, 2018		Date		

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Fill i	n this inform	ation to identify you	r case:			
Debt	or 1	KATHERINE D T				
Debt	or 2	First Name	Middle Name	Last Name		
1	se if, filing)	First Name	Middle Name	Last Name		
Unite	d States Bar	kruptcy Court for the:	NORTHERN DISTRICT C	OF ILLINOIS		
Case	number					
(if know						Check if this is an
						amended filing
O. (.		407				
	cial For		Accelor controlled	larata Eiliana (an B		
			Affairs for Indivic			4/10
			ible. If two married people a attach a separate sheet to			
). Answer every que		•		
Part	1: Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1. \	What is your	current marital statu	is?			
Г	☐ Married					
	Not mari	ried				
2. [During the la	et 3 years have you	lived anywhere other than v	where you live now?		
2	_	ist 5 years, have you	iived arrywriere other than t	where you live now:		
[□ No ■ Vaa List		in and in the least 2 mans. Do no			
	Yes. List	all of the places you l	ived in the last 3 years. Do no	ot include where you live now	I.	
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	ldress:	Dates Debtor 2 lived there
	4950 W. W	arwick Ave.	From-To:	☐ Same as Debtor	1	☐ Same as Debtor 1
	Chicago, II	L 60641	09/2016 to 03/2017			From-To:
-			00/2011			
3. \	Vithin the la	st 8 years, did you e	er live with a spouse or leg	al equivalent in a commun	ity property state or territo	ry? (Community property
			lifornia, Idaho, Louisiana, Nev			
ı	No					
[☐ Yes. Ma	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (Of	ficial Form 106H).		
Part	2 Explain	n the Sources of You	r Income			
			nployment or from operatin u received from all jobs and a			endar years?
			have income that you receive			
[□ No					
ı	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
From	n January 1	of current year until	■ \\\\	\$19,049.43	□ Wages commissions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		d for bankruptcy:	Wages, commissions, bonuses, tips	φ13,043.43	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	
					-	

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Case number (if known) Document Debtor 1 KATHERINE D TORBICK

		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calen (January 1 to	dar year: December 31, 2017)	■ Wages, commissions, bonuses, tips	\$53,374.82	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	
	dar year before that: December 31, 2016)	■ Wages, commissions, bonuses, tips	\$51,192.05	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	
List each s	, , ,	se and you have income that yome from each source separa	, G	·	
		Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
	1 of current year until	Child Support	\$17,000.00		
	Debtor 1's or Debtor 2 Neither Debtor 1 nor Desiration individual primarily for a During the 90 days before No. Go to line 7 Yes List below a paid that crunot include	personal, family, or househoure you filed for bankruptcy, div. each creditor to whom you paieditor. Do not include paymer payments to an attorney for the	r debts? Jumer debts. Consumer debts Id purpose." Id you pay any creditor a total Id a total of \$6,425* or more in Ints for domestic support obligations bankruptcy case.	of \$6,425* or more? on one or more payments and the ations, such as child support at or after the date of adjustments.	the total amount you and alimony. Also, do
■ Yes.	Debtor 1 or Debtor 2 o	or both have primarily consurer you filed for bankruptcy, di		of \$600 or more?	

Creditor's Name and Address

Dates of payment

Total amount paid

Amount you still owe

Was this payment for ...

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Case number (if known) Document Debtor 1 KATHERINE D TORBICK

7.	Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. A alimony.	artners; relatives of any ger a control, or owner of 20% o	neral partners; partners or more of their voting	erships of which yog g securities; and a	ou are a gener ny managing a	al partner; corporations agent, including one for
	No					
	Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost		ments or transfer a	any property on a	eccount of a d	ebt that benefited an
	■ No					
	☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
Pa	rt 4: Identify Legal Actions, Repossessio	ns, and Foroclosures	para	ouiii ou o	molado oroc	and a riamo
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.		•	,	•	•
	Case title Case number	Nature of the case	Court or agency		Status of the	ne case
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo No. Go to line 11. Yes. Fill in the information below.		erty repossessed, f	oreclosed, garni	shed, attache	d, seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happened	d			ргоролту
11.	 Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. 				amounts from your Amount	
				takeı	n	
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes		erty in the possess	ion of an assigne	e for the ben	efit of creditors, a
Pai	t 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	otcy, did you give any gift	s with a total value	of more than \$60	00 per person	?
	Gifts with a total value of more than \$600 per person	Describe the gifts		Date the g	s you gave lifts	Value
	Person to Whom You Gave the Gift and Address:					

Case 18-13075 Doc 1 Filed 05/03/18 Entered 05/03/18 16:15:50 Desc Main Document Page 43 of 59 **KATHERINE D TORBICK** Case number (if known) Debtor 1 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Nο Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No п Yes. Fill in the details. Value of property Describe the property you lost and Describe any insurance coverage for the loss Date of your how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of or transfer was Address transferred payment Email or website address made Person Who Made the Payment, if Not You **Attorney Fees** \$1,000.00 ASM Law, P.C. 11 DOUGLAS AVE. **SUITE 203 Elgin, IL 60120** adil@asmlawpc.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

Person's relationship to you

Yes. Fill in the details.
Person Who Received Transfer

Address

Official Form 107

Description and value of

property transferred

Describe any property or

paid in exchange

payments received or debts

Date transfer was

made

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KATHERINE D TORBICK Debtor 1

 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of whe beneficiary? (These are often called asset-protection devices.) ■ No □ Yes. Fill in the details. 					of which you are a	
	Name of trust	Description and va	alue of the pro	perty trans	ferred	Date Transfer was made
Par	List of Certain Financial Accounts, Instru	uments, Safe Deposit	Boxes, and St	orage Unit	s	
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associa No Yes. Fill in the details.	other financial accoun	ts; certificates	s of deposi	•	
		ast 4 digits of ccount number	Type of according trument	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securiticash, or other valuables? No Yes. Fill in the details. 				itory for securities,	
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had accommodates (Number, State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? ■ No □ Yes. Fill in the details.					cy?
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St State and ZIP Code)		Describe	the contents	Do you still have it?
Par	19: Identify Property You Hold or Control for	r Someone Else				
23.	Do you hold or control any property that some for someone.	eone else owns? Inclu	de any proper	ty you born	rowed from, are storing	for, or hold in trust
	NoYes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, St Code)		Describe	the property	Value
Par	t 10: Give Details About Environmental Inform	mation				

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 KATHERINE D TORBICK

24.	Has any governmental unit notified you that yo	u may be liable or potentially liab	le und	der or in violation of an environme	ntal law?	
	■ No					
	Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	and	Environmental law, if you know it	Date of notice	
25.	Have you notified any governmental unit of any	y release of hazardous material?				
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State & ZIP Code)	and	Environmental law, if you know it	Date of notice	
26.	Have you been a party in any judicial or admini	strative proceeding under any en	vironi	mental law? Include settlements a	nd orders.	
	■ No					
	Yes. Fill in the details.					
	Case Title Case Number	Court or agency Name	Na	ture of the case	Status of the case	
	Case Humber	Address (Number, Street, City, State and ZIP Code)			Cusc	
Par	t 11: Give Details About Your Business or Cor	nnections to Any Business				
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	any of	the following connections to any	business?	
	☐ A sole proprietor or self-employed in a	trade, profession, or other activit	y, eith	er full-time or part-time		
	☐ A member of a limited liability company	(LLC) or limited liability partners	ship (L	LLP)		
	☐ A partner in a partnership					
	☐ An officer, director, or managing execu	itive of a corporation				
	☐ An owner of at least 5% of the voting or	r equity securities of a corporatio	n			
	■ No. None of the above applies. Go to Part					
	Yes. Check all that apply above and fill in t		SS.			
		escribe the nature of the business		Employer Identification number		
	Address (Number, Street, City, State and ZIP Code)	ame of accountant or bookkeeper		Do not include Social Security r	number or ITIN.	
	New York Control of the Control of t	ame of accountant of bookkeeper		Dates business existed		
28.	Within 2 years before you filed for bankruptcy, institutions, creditors, or other parties.	did you give a financial statemen	it to ai	nyone about your business? Inclu	de all financial	
	■ No					
	Yes. Fill in the details below.					
	Name Address (Number, Street, City, State and ZIP Code)	ate Issued				

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Case number (if known)

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ KATHERINE D TORBICK

KATHERINE D TORBICK

Signature of Debtor 2

Signature of Debtor 1

Date May 3, 2018

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

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Fill in this inform	ation to identify your	case:		
Debtor 1	KATHERINE D TO	RBICK		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ban	kruptcy Court for the:	NORTHERN DIST	RICT OF ILLINOIS	
0				
Case number (if known)				☐ Check if this is an amended filing
Official For Statemen		n for Indiv	iduals Filing Under Chapt	er 7 12/15
■ creditors have■ you have leaseYou must file this	er is earlier, unless th	ur property, or nd the lease has no ithin 30 days after		
	ople are filing together I date the form.	in a joint case, bo	th are equally responsible for supplying correct i	nformation. Both debtors must
	nd accurate as possib ur name and case nun		needed, attach a separate sheet to this form. On	the top of any additional pages,
Part 1: List You	ur Creditors Who Have	Secured Claims		
For any credito information bel	-	art 1 of Schedule D	: Creditors Who Have Claims Secured by Propert	y (Official Form 106D), fill in the
	ow. ditor and the property tl	nat is collateral	What do you intend to do with the property that secures a debt?	t Did you claim the property as exempt on Schedule C?
Creditor's Vo	olkswagen Credit, In	С	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property securing debt:	2015 AUDI A4 4500 Location: 1727 W. Way, Schaumburg	Weathersfield	■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:	■ Yes
Part 2: List You	ur Unexpired Persona	Property Leases		
For any unexpired in the information	d personal property lea below. Do not list rea	ase that you listed I estate leases. Un	in Schedule G: Executory Contracts and Unexpir expired leases are leases that are still in effect; the he trustee does not assume it. 11 U.S.C. § 365(p)	ne lease period has not yet ended.
Describe your un	expired personal prop	perty leases		Will the lease be assumed?
Logopha nerre				——————————————————————————————————————
Lessor's name: Description of leas	sed			□ No
Property:				☐ Yes
Lessor's name: Description of leas	has			□ No
Property:	ocu			☐ Yes
Lessor's name:				□ No

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

page 1

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Debto	or 1 _	KATHERINE D TORBICK	Case number (if known)	
Descr Prope		of leased		☐ Yes
Lesso Descr Prope	ription	me: of leased		□ No □ Yes
Lesso Descr Prope	ription	me: of leased		□ No □ Yes
Lesso Descr Prope	ription	me: of leased		□ No □ Yes
Prope	ription erty:	of leased		□ No □ Yes
prope	pena	ign Below Ity of perjury, I declare that I have indicated at is subject to an unexpired lease. ATHERINE D TORBICK	d my intention about any property of my estate that se	cures a debt and any personal
Ī	KATH	HERINE D TORBICK ure of Debtor 1	Signature of Debtor 2	
[Date	May 3, 2018	Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-13075 Doc 1 Filed 05/03/18 Entered 05/03/18 16:15:50 Desc Main Document Page 53 of 59

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In r	E KATHERINE D TORBICK		Case No.				
		Debtor(s)	Chapter	7			
	DISCLOSURE OF COMPENSAT	TION OF ATTORN	EY FOR DE	EBTOR(S)			
1.	compensation paid to me within one year before the filing of the	suant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that appensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to endered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:					
	For legal services, I have agreed to accept		\$	1,000.00			
	Prior to the filing of this statement I have received		\$	1,000.00			
	Balance Due		\$	0.00			
2.	\$ of the filing fee has been paid.						
3.	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
4.	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
5.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm						
	☐ I have agreed to share the above-disclosed compensation w copy of the agreement, together with a list of the names of						
6.	In return for the above-disclosed fee, I have agreed to render le	the bankruptcy c	ease, including:				
	 a. Analysis of the debtor's financial situation, and rendering ad b. Preparation and filing of any petition, schedules, statement of c. Representation of the debtor at the meeting of creditors and d. Representation of the debtor in adversary proceedings and of e. [Other provisions as needed] 	of affairs and plan which ma confirmation hearing, and a	y be required; ny adjourned hea				
7.	By agreement with the debtor(s), the above-disclosed fee does i	not include the following ser	vice:				
	CER	RTIFICATION					
this	I certify that the foregoing is a complete statement of any agree pankruptcy proceeding.	ment or arrangement for pay	ment to me for re	epresentation of the debtor(s) in			
	May 3, 2018	/s/ ADIL S. MOHAMN	/IED				
Date ADIL S. MOHAMMED 6281996							
		Signature of Attorney ASM Law, P.C.					
		11 DOUGLAS AVE.					
		SUITE 203 Elgin, IL 60120					
		847-231-3999 Fax: 8					
		adil@asmlawpc.com Name of law firm	1				
1		manc of any film					

United States Bankruptcy CourtNorthern District of Illinois

		Tot them District of Innions		
In re	KATHERINE D TORBICK		Case No.	
		Debtor(s)	Chapter	7
	VER	IFICATION OF CREDITOR MA	ATRIX	
		Number of 0	Creditors: _	40
	The above-named Debtor(s) h (our) knowledge.	nereby verifies that the list of creditor	ors is true and	correct to the best of my
Date:	May 3, 2018	/s/ KATHERINE D TORBICK KATHERINE D TORBICK Signature of Debtor		

Affiliated Acceptance Corp 14443 N State Highway 5 Sunrise Beach, MO 65079

Bank Of America Attn: Bankruptcy Po Box 982238 El Paso, TX 79998

Bank Of America Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410

Bmw Financial Services Attn: Bankruptcy Department Po Box 3608 Dublin, OH 43016

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One / Carson Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Card Services Correspondence Dept Po Box 15298 Wilmington, DE 19850 Chase Card Services Correspondence Dept Po Box 15298 Wilmington, DE 19850

Chase Card Services Correspondence Dept Po Box 15298 Wilmington, DE 19850

ChaseHealthAdvance Attn: Bankruptcy 1717 Hermitage Blvd Ste 101 Tallahassee, FL 32308

Chgopatrl Cu 1359 W Washington Blvd Chicago, IL 60607

Chicago Patrolmens Fcu 1359 W Washington Blvd Chicago, IL 60607

Chicago Patrolmens Fcu 1359 W Washington Blvd Chicago, IL 60607

Chicago Patrolmens Fcu 1359 W Washington Blvd Chicago, IL 60607

Citibank Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

Citibank Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

Citibank/The Home Depot Centralized Bankruptcy Po Box 790034 St Louis, MO 63179 Citibank/The Home Depot Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

Comenity Bank / The Limited Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218

Comenity Bank/Carsons Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218

Comenity Bank/Express Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218

Comenity Bank/Harlem Furniture Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218

Comenity Bank/TSA Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218

Comenity Bank/Victoria Secret Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 45318

Discover Financial Po Box 3025 New Albany, OH 43054

Landstrom Center 1933 N. Meacham Rd Schaumburg, IL 60173 Lending Club Corp 71 Stevenson St Suite 300 San Francisco, CA 94105

New York Community Ban 13665 Roosevelt Ave Flushing, NY 11354

Pnc Bank 2730 Liberty Ave Pittsburgh, PA 15222

Syncb/carecr Attn: Synchrony - Bankruptcy Po Box 960061 Orlando, FL 32896

Syncb/hhgreg Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Lenscrafters Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Lowes Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Synchrony Bank/TJX Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Target Card Services Mail Stop NCB-0461 Minneapolis, MN 55440

Volkswagen Credit, Inc Po Box 3 Hillsboro, OR 97123 Volkswagen Credit, Inc Po Box 3 Hillsboro, OR 97123

Wells Fargo Bank Attn: Bankruptcy Dept Po Box 6429 Greenville, SC 29606